



Mobile Home Relocation Assistance Application

Enviar correo electrónico a omh@commerce.wa.gov para una aplicación en Español

Mobile Home Owner Information

Mobile Home Owner's Name: _____

Current Mailing Address: _____

Street or PO Box

City

State

Zip Code

Daytime Telephone Number: () Email: _____
Area Code

Contact Person (if different from above): _____

Contact's Telephone Number: () Email: _____
Area Code

My Home is a: ☐ Single Section ☐ Single Section with Tip-out, Add-on, or Expando ☐ Multiple Section

Vehicle Identification Number (VIN): _____

Year Home Manufactured: _____

Number of years you lived in this park: _____

Have or will you receive relocation assistance from any other source? ☐ Yes ☐ No

If Yes: Amount \$ Source _____

Closed/Closing Mobile Home Park Information

Park Name: _____

Park Address: _____

Street or PO Box

City

State

Zip Code

Contact Information After Closure If Known

New Mailing Address:

Street or PO Box_____
City_____
State_____
Zip Code

Telephone Number:

()

Email: _____

Indicate one of the following:

☐

Moved current home to mobile home park/community

☐

Moved current home to private land

☐

Purchased new home; located in mobile home park/community

☐

Purchased new home; located on private land

☐

Other _____

(Indicate type of housing moved to. For example: apartment, living with family, etc.)

Park/Community Name (if applicable): _____

Income Verification

NOTE: Verification is required for all household income reported to the IRS. "Household" is determined by ALL persons living in the home, whether or not related. **PLEASE SUBMIT AT LEAST ONE MONTH OF INCOME DOCUMENTATION FOR EACH INCOME RECEIVER.**

Total number of household members: _____

Total number income receivers: _____

Total number of household members under 18: _____

Important

1. Eligibility is determined by park closure notice, proof of residency at time closure notice was issued, maintaining ownership of and removing home from the closing park, verification of income, and availability of funds. (You will be notified if additional documentation is required.)

To establish your initial eligibility, provide copies of the following. See Application & Reimbursement Checklist in your application packet for complete information.

- Income Verification
- Proof of ownership at time closure notice was issued
- Proof of residency at time closure notice was issued

2. Before a reimbursement check can be issued, ALL documentation must be complete and received by the Office of Mobile/Manufactured Home Relocation Assistance.

To expedite your reimbursement, remember to:

- Complete all information accurately.
- Provide current mailing address, phone number, and email address.
- Provide copies of all necessary documentation.
- Provide necessary signatures (unsigned documents are incomplete).
- See Application & Reimbursement Checklist for complete information.

3. Return completed application and all documentation to:

Department of Commerce
Office of Mobile/Manufactured Home Relocation Assistance
PO Box 42525
Olympia, Washington 98504-2525

If you have questions or need additional information, please call 360-725-2971 or 1-800-964-0852 (toll-free in Washington). You may also send an email to omh@commerce.wa.gov.

4. Please answer the following questions to help us improve our application process. Please choose your agreement or disagreement with the following statements. Your responses will not impact your eligibility for Relocation Assistance.

1: Strongly Disagree; 2: Disagree; 3: Neither Agree Nor Disagree; 4: Agree; 5: Strongly Agree

1. The application instructions were clear.

1 2 3 4 5

2. The application questions were easily understood.

1 2 3 4 5

3. I received the assistance I needed from Commerce (Relocation Program) to complete the application.

1 2 3 4 5

4. I had enough time to complete the application.

1 2 3 4 5

5. Given program requirements, the application process was reasonable.

1 2 3 4 5

I hereby certify under penalty of perjury that the foregoing information is true and complete to the best of my knowledge. I further understand that intentional misrepresentation in this application might result in the forfeiture of relocation assistance provided by the Mobile Home Relocation Assistance Act. I authorize Washington State Department of Commerce to make inquiries to verify the statements herein.

Mobile Home Owner's Signature: _____ Date: _____

Mobile Home Owner's Signature: _____ Date: _____